Report on Child Care Regulation Focus Groups

November 2010

Background

ShapingNJ - the State Partnership for Nutrition, Physical Activity & Obesity Prevention, is a statewide public-private partnership of 120 organizations across New Jersey. The partners' vision is "a New Jersey where regular physical activity, good nutrition, and healthy weight are part of everyone's life."

Over the next 10 years, ***ShapingNJ*** partners will implement policy and environmental change strategies to improve nutrition, increase physical activity and reduce TV viewing in the settings where New Jersey residents live, grow, play, learn and work - to "make the healthy choice, the easy choice."

The Office of Nutrition & Fitness ("ONF") at the New Jersey Department of Health and Senior Services ("DHSS") is charged with coordinating obesity prevention efforts statewide. ONF supports ***ShapingNJ*** through funding from the U.S. Centers for Disease Control and Prevention (CDC).

Beginning in fall 2009, ***ShapingNJ*** partners met in workgroups to plan and select a set of strategies aimed at creating an active, healthy New Jersey. The strategies:

- Reflect New Jersey-specific data.
- Are based on scientific evidence.
- Incorporate feedback gathered from community residents statewide.
- Focus on communities with the poorest health outcomes, but aimed at improving the health of all New Jersey residents - across the life span.

The resulting 23 strategies were submitted to the CDC on June 30, 2010 and have been approved. At present, ***ShapingNJ*** partners are beginning to implement strategies. ONF is working to support partner efforts to: communicate to policymakers and the public about the importance of healthy behaviors, policies and community environments; advocate for the implementation of the strategies; continue to engage new ***ShapingNJ*** partners; and ensure the strategies are sustained for the long term.

This report is supported by a cooperative agreement from the Centers for Disease Control and Prevention (CDC) (3U58DP002002-01S2). Its contents are solely the responsibility of the author and do not necessarily reflect the official views of the CDC, the Department of Health and Human Services, or the federal government.

In early 2010 additional funds were received from the CDC – Communities Putting Prevention to Work – State & Territories Initiatives (CPPW – STI) to implement projects, including the following in the Child Care setting:

1. Recommend changes in licensing requirements so that child care and after-school programs follow evidence-based practices in child health, nutrition, physical activity and TV viewing.
2. Arrange training for child care providers about child nutrition, physical activity and TV time limitations.

Gaining Statewide Input from Groups Affected by Child Care Regulatory Change in New Jersey

Groups affected by state licensing requirements governing child care centers include early childhood programs, which serve children below six years of age, and school-age child care programs, which serve children below 13 years of age when their school is not in session.

County-based focus groups were convened throughout the state of New Jersey between June 16 and October 16, 2010 for the stated purpose:

> "… to evaluate existing NJ requirements and gain insight into what nutrition, physical activity, TV use and Breast Feeding changes are needed to the New Jersey Manual of Requirements for Child Care Centers – Chapter 122. Strengthening these requirements has the strong potential for changing obesity trends in New Jersey."[1]

The groups were convened by individual County Resource and Referral Agencies ("CCR&R's") coordinated by the New Jersey Association of Child Care Resource & Referral Agencies ("NJACCRRA"), under direction of Karin Mille at the DHSS in a project funded by a CPPW-STI grant from the CDC. Feedback from the focus groups will help guide the NJACCRRA *Ad Hoc Advocacy Committee* in determining recommendations to be submitted to the Office of Licensing for review and consideration. Feedback also will provide early buy-in and insight into potential implementation issues, barriers to child care "best practices," and training needs.

[1] "Local Advisory Feedback Groups/Interview Notes." Revised July 16, 2010. p. 2. This document is reproduced as Appendix 1.

Methodology

CCR&R's were asked to recruit a broad cross-section of community stakeholders to the focus groups, extending invitations to the following[2]:

- Former CCR&R nurse consultant
- pre-school nurses or liaisons
- YM/WCA Child Care staff
- Child Care Center Directors
- Head Start Director or staff
- School Age Coalition
- Boys & Girls Club center director/staff
- Cooperative extension
- Community based contracts
- Other Infant-toddler, pre-school, school age
- Parents/guardians

Group facilitators followed instructions provided in the document "Local Advisory Feedback Groups/Interview Notes" (reproduced as Appendix 1) and "Focus Group Facilitation Tips" (reproduced as Appendix 3). Each session began with the facilitator "making the case" for regulatory change, referring to a variety of materials that were provided to participants. In presenting the case, the facilitators created their own scripts. They discussed the national focus on childhood obesity, the ongoing work in New Jersey of ***ShapingNJ***, the State Partnership for Nutrition, Physical Activity and Obesity Prevention and the National Report Card assigning a rating of C+ to New Jersey's regulations for child care in the areas of healthy eating and physical activity. Participants were provided with existing NJ regulations, regulations of other states and "Model State Child Care Regulations" (listed in Appendix 4).

Following the introduction and case statement, groups were asked to answer 7 open-ended questions. Questions 1 – 4 solicited recommendations for revised requirements in nutrition, physical activity, TV viewing and breastfeeding. Questions 5 and 6 referred to the likely impact of regulatory revisions centers and barriers to implementation. Question 7 asked group participants whether they (or their organizations) support the two ***ShapingNJ*** strategies. A final question elicited "Training Concerns".

[2] "Focus Group Recruitment At-A-Glance – Revised 6/16/10. p. 2. This document is reproduced as Appendix 2.

Results

Overview

A total of 25 groups were convened, reaching 20 of New Jersey's 21 counties. No focus group included Cape May County. (See Appendix 5.) A total of 286 people participated in the groups. While CCR&R's aimed for groups of approximately 12 participants, group size ranged from 1 to 30. In most of the focus groups a variety of stakeholder types were represented. (See Appendix 6.)

The open-ended format of focus group questions, which encouraged participants to articulate a wide range of views, resulted in a wide variety of discussion outcomes and presents challenges in summarizing group viewpoints on specific regulatory options. While all groups used the "Model State Regulations" as a jumping-off point, no groups chose to specifically discuss all 20 of the model regulations. In many groups, requirements that already are included in the New Jersey regulations were among the recommendations made, which may indicate a lack of familiarity with current regulations. In some groups, only a few recommendations were listed. Nevertheless, the open-ended format was important in letting participants know that their input was being solicited at the very beginning of the regulatory review process – they were not being asked to rubber-stamp a proposal that is already well-formed. A number of common views emerged.

The general tone of focus group discussion with regard for the need for licensing improvements was overwhelmingly positive, and all groups recommended that some new requirements be adopted. All focus group participants expressed the desire to ensure that children's nutritional and physical activity needs be met and they generally supported "best practices". In the area of nutrition, focus group participants were generally supportive of the standards in the Model State Child Care Regulations; the greatest hurdle expressed is the need for parental education and support since food at most centers is brought from home. In the area of physical activity, all participants agreed that children need significant indoor and outdoor activity; the greatest hurdles expressed are space limitations and staff training. In the area of TV viewing, participants generally agreed that limits on TV time are important; there was great variation with regard to specifics. Groups that commented on breastfeeding supported the National Association for the Education of Young Children ("NAEYC") accreditation criteria; the importance of staff training in this area was stressed.

In response to the question, "Will this make healthy choices easier in your center?", 24 of the 25 groups responded "yes". The group that responded "no" expressed concern over difficulties in monitoring compliance and getting parents to cooperate. It should be noted that this group expressed the consensus that all 20 of the model regulations should be incorporated into the New Jersey licensing requirements.

In responding to the question regarding barriers to implementation, focus group participants addressed general barriers to change as well as barriers presented by the proposed licensing requirements. The greatest barriers cited were parental resistance, staff resistance, cost of healthy food, cost/space issues at centers and time requirements for documentation. The need

for training was highlighted by participants in all groups. Training concerns include cost, time and availability of qualified trainers.

Recommendations for Revised Nutrition Requirements

Participants in all groups expressed support for improved nutritional standards in child care settings. Table 1, below, summarizes support for Model State Child Care Regulations based on number of groups mentioning support.[3] There was strong support for eliminating sugar-sweetened beverages, limiting intake of fruit juice, eliminating whole milk for children older

Table 1

Support Expressed for Model Nutritional Regulation Components

Model Component	# of Groups Mentioning
High fat, high sugar, and high salt foods are served less than one time per week or are not served	4
Sugar sweetened beverages are not served	11
Children older than two years are served reduced fat milk (skim or 1%)	9 *
Clean, sanitary drinking water is available for children to serve themselves throughout the day	13
Nutrition education is offered to child care providers at least one time per year	11
Juice is limited to a total of 4-6 ounces or less per day for children over one year of age	7
Child care providers do not use food as a reward or punishment	2
Nutrition education is offered to children at least three times per year	10 **
At least one child care provider sits with children at the table and eats the same meals and snacks.	3
Providers encourage, but do not force, children to eat	1

** includes one group that specified 2% milk*
*** most groups did not specify number of times*

[3] It is important to note that absence of stated support does not imply objection to a Model regulatory component. It means only that the component was not addressed by a given group, possibly indicating participants viewed it as a "non-issue". Where objections were raised, that is noted in the text of this report.

than two years and encouraging water as the favored beverage. (In one group, a participant quoted a local pediatrician as recommending whole milk until age 4.) There also was strong support for nutrition education for children and providers/staff. For children, most groups did not specify the number of times per year nutrition education should be offered. Several groups expressed the need for education to be on-going throughout the year, both for children and for staff.

Four groups expressed support for the Model restriction on high fat, high sugar and high salt foods. Some participants in four other groups suggested using the USDA Child and Adult Food Program ("CACFP") standards; there was no consensus on this suggestion. Three groups made the recommendation that at least one child care provider be required to sit with the children at the table; an additional group recommended that this be only "encouraged". One group expressed support for requiring the staff at the table to eat the same food, saying *"staff needs to be on board; staff cannot go and get KFC."* There were general discussions about the fact that staff members are models for the children; one group recommended that staff drink only water while with the children.

Going beyond the Model State Child Care Regulations, participants in 7 groups recommended an emphasis on fresh fruits and vegetables. However, these groups also discussed barriers of cost, availability and potential for waste if the children do not eat the fresh food fast enough.

Because children in most centers are bringing food from home, discussion in most groups included reference to the challenge of improving the nutritional value of food brought from home. There was wide recognition that parental change is hampered by issues of cost and availability of healthy food, as well as the additional time commitment posed by food preparation. One group recommended adopting "guidelines similar to public school" suggesting this would "*prevent convenience pre-packaged foods (high fat, empty calories, and high sugar) from being brought into child care homes and centers & parents with school-aged children are already familiar with this standard.* However, the consensus in this group was that this be a guideline only, as *"Child Care Providers have no right to impose mandates on Parents."*

The need for parent education on nutrition was mentioned by 16 groups, and several group participants had specific ideas on providing parent/child education in an early evening group meal environment. Three groups recommended that centers provide written food guidelines to families. (Note: The groups did not appear to be recommending that parent education be included in licensing requirements.)

Another general theme that emerged from group discussions on nutrition was a desire for increased guidance on age-appropriate nutritional standards – *"more specifics for portion size, types of fruit/veg to be served … based on age of child" "bread products listed in the licensing manual are entirely too broad – need to be revised and much more specific (specify 100% whole wheat)" "what is age appropriate for babies – information is scarce" "there needs to be some kind of standard with the ability to cross reference to other recognized standards"*. Several participants indicated that stricter licensing requirements will give providers "ammunition" in setting standards for food brought from home.

Recommendations for Revised Physical Activity Requirements

Participants in all groups agreed that physical activity is an essential component of every child's day and that there should be a balance between active and sedentary time. The number of groups mentioning support for each Model Physical Activity Regulation component is provided in Table 2, below.[4] There was strong support expressed for adopting a requirement of at least 60 minutes of physical activity per day and a requirement of two outdoor periods daily. There was also strong support expressed for staff training in physical education, staff participation in physical activity with the children and active alternatives for special needs children.

Table 2

Support Expressed for Model Physical Activity Regulation Components

Model Component	# of Groups Mentioning
Children are provided with 60 minutes of physical activity per day, a combination of both teacher led and free play	15
Television, video, and computer time are limited to one time per week or less and not more than 30 minutes each time	5
Child care providers do not withhold active play time as punishment	6
Children with special needs are provided opportunities for active play while other children are physically active	6
Children are provided outdoor active play time at least two times per day	13
Physical activity education is offered to child care providers at least one time per year	9
At least one provider joins children in active play at least one time per day	7
Shaded area provided during outdoor play	3
Children are not seated for periods longer than 30 minutes except when sleeping or eating	5
Physical activity education is offered to children at least three times per year	4

[4] See footnote 3.

Many participants urged that a clear definition be provided for "weather-permitting" as applied to outdoor activity. One group noted that some children *"don't want to run around"* and that others *"get too competitive"* in active games. Several participants expressed a need for guidance in age-appropriate activities.

Physical Activity space and equipment present challenges for some centers. While most people agree that shaded space is necessary for outdoor activity, there was concern on the part of some participants that shaded outdoor areas are not feasible for many inner-city centers. There may be a need for research on this question.

Participants in several groups also expressed concern over staff willingness to "go outside" and "be active". One summarized *"Child care center employees should be able to actively move and want to participate and play. Employees must be fit, active and able to move."* It appears that there was a general consensus that staff attitudes and behavior present the greatest barriers to physical activity. However, most participants also seemed to believe that these barriers can be overcome through training and setting expectations. Some participants also suggested that licensing requirements will provide managers with "ammunition" in setting standards for staff.

Recommendations for Revised TV Viewing Requirements

No focus group participants stated that TV viewing is a good activity. However, there is little agreement on appropriate regulation. Five groups referenced the Model State Child Care Regulations Component limiting TV/Video/Computer time to one 30 minute segment weekly. Four groups agreed on 30 minutes per day for children over 2 years of age and two suggested a limit of 60 minutes per day for these children. Ten groups suggested no TV be allowed for children under 2 years of age, but two groups felt 30 minutes daily was ok for children between 1 and 2 years.

One group summarized as follows: *"discussion followed about the distinction between entertainment and educational. All agreed TV should be time limited but a number of the centers use computers and videos for education use. No consensus."*

Several participants noted that pediatric standards established for age-appropriate screen time are based on a full 24-hour day; the rationale for highly restricted screen time in child care settings takes into account the exposure of most children to TV/Video/Computer at home.

Recommendations for Revisions that will Support Breastfeeding

As initially planned in May and June 2010, focus group instructions did not include a Breastfeeding component. This question and accompanying information was added July 16. Nine groups were convened with the original instruction sheets and three groups that had the revised instructions made no comments on this section.

Of the 13 groups that considered the question, 8 recommended incorporating the NYAEC criteria into regulations and 1 recommended relying on CACFP guidelines to support nursing mothers. Five groups specifically mentioned encouraging nursing mothers to drop in to the center where possible and 4 groups stressed a need for staff education. One group indicated that some centers do not want to store breast milk, because of potential liability issues.

Impact of Regulations, Barriers to Implementation, Training Concerns

Of the 25 focus groups convened, 24 answered "yes" to the question "Will this make healthy choices easier in your center". Positive impacts cited included helping to get staff on board, helping to get parent buy-in on nutrition standards, having all the standards in one place, and having uniform requirements across daycare providers.

Implementation barriers will depend, of course, on the extent of regulatory change. Greatest barriers cited were resistance by parents (18 groups), resistance by staff (10 groups), cost of healthy food (13), other costs (10), time requirements (5), and space requirements (4).

A general theme that emerged was the need for a phase-in period to permit providers to understand the regulations, plan necessary changes and implement changes.

There was general agreement that extensive training will be required. Participants expressed concern about training costs, time required for training and availability of qualified local trainers (particularly in light of cutbacks in state-level trainings). Participants suggested that training should be available at various times throughout the year. They also suggested alternative trainings methods such as webinars and self-directed computer trainings.

Report prepared by Evelyn C. Murphy, PhD.

Appendix 1
(Original Document Formatting Retained)

Local Advisory Feedback Groups/Interview Notes

Leader Instructions:
Please type, complete and submit focus groups results using **this** form.

Date:
Location:
Facilitator:
Group makeup:
___CCR&R facilitator
___Former CCR&R nurse consultant (if available/willing)
___pre-school nurses or liaisons
___YM/WCA Child Care staff
___Child Care Center Directors
___Head Start Director
___Head Start staff
___School Age Coalition
___Boys & Girls Club Center Director
___Boys & Girls Club Center staff
___Community based contracts
___Other Infant-toddler, pre-school, school age etc.
Please specify:
___Parent / Guardians

Total # Attending this local focus group:

For the purposes of any needed follow up, list the following information:

Note Taker:
Organization Affiliation:
Contact phone #:
E-mail:
Focus Group Facilitator (if different than note taker):
Organization Affiliation:
Contact phone #:
E-mail:

GENERAL NOTES/comments following feedback (focus group) session:
Please include notes in this area -

Focus Group Purpose:
Convene at least one county based (June, July, August 2010) focus group (including CCR&R, Child Care Center Directors, Head Start, YMCA etc - see recruitment list) to evaluate existing NJ requirements and gain insight into what nutrition, physical activity, TV use and Breast Feeding changes are needed to the New Jersey Manual of Requirements for Child Care Centers - Chapter 122. Strengthening these requirements has the strong potential for changing obesity trends in New Jersey.

Background and General Introduction for the focus group session:

Use these THREE references to make the case to participants as to why we want to change the current regulations.

1. Excerpted from Early Childhood Chapter of "Solving the Problem of Childhood Obesity Within a Generation - White House Task Force on Childhood Obesity Report to the President" (released May 11, 2010)

   'Benchmarks of Success'
   An increased number of states will adopt more stringent licensing standards that include nutrition, physical activity, and screen time that align with Caring for Our Children: National Health and Safety Performance Standards, 3rd Edition and coordinate across systems with Pre-K, Head Start, and child care. New or enhanced data sources may be needed to monitor progress in this area.

2. The State Partnership for Nutrition, Physical Activity and Obesity:
   ShapingNJ - the statewide partnership for nutrition, physical activity and obesity is working with key partner organizations to institutionalize a systems change that has strong potential to change the negative obesity trends, the resulting increase in disease and the resulting increase in health care costs in New Jersey.

   a. The vision of ***ShapingNJ***: A NEW Jersey where regular physical activity, good nutrition and healthy weight are part of everyone's life.

   b. The overall goal of ***ShapingNJ*** is for healthier choices to be easier and accessible for all NJ citizens

   c. ***ShapingNJ*** strategies to address obesity in child care settings:

      1. Change the licensing requirements (Office of Licensing - NJ Department of Children and Families) so that all child care and after-school programs follow *best practices* in child health, nutrition, physical activity and TV viewing. Part of the requirements should

require the creation and activation of wellness councils to monitor these practices.

2. Train child care providers about healthy child nutrition and physical activity and how to limit TV time for the children in their care.

3. See attached **NJ Report Card rating New Jersey as a C+** regarding state regulations for Child care in the area of healthy eating and physical activity
    a. Centers healthy eating grade = B –
    b. Centers physical activity grade = C+

Reference Materials for Focus group session:

To conduct focus groups, have copies of the following for reference and discussion:

1. existing NJ regulations (Food & Nutrition, TV and physical activity)
2. other state regulations
3. and MODEL STATE CHILD CARE REGULATIONS (based in part on NAP SACC (edited 2007) recommendations / best practices)

Citation:
Benjamin SE, Gillman MW, Traub AE, Finkelstein J. Preventing Childhood Obesity in the Child Care Setting: Enhancing State Regulations. Boston, MA: Harvard Medical School and Harvard Pilgrim Health Care, 2009.

ACTUAL FOCUS GROUP QUESTIONS:

1. What would you recommend for revised nutrition requirements?

List Recommendations:

-

2. What would you recommend for revised physical activity requirements?

List Recommendations:

-

3. What would you recommend for revised TV viewing requirements?

List Recommendations:

-

4. What would you recommend for revisions that will support breastfeeding?

(There are no current recommendations in the NJ Manual related to breastfeeding. Here follows the current NAEYC accreditation criteria (page 47).

Program supports breastfeeding by:
accepting, storing and serving expressed human milk for feedings; accepting human milk in ready-to-feed sanitary containers labeled with the infants name and date and storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months.

List Recommendations:

-

5. Will this make healthy choices easier in your center?

Consensus? Yes / No

Concerns noted (please use bullet format):

-

6. What barriers exist to implementation?

What do you think could seriously get in the way of getting this done and how do you suggest we address those obstacles?

Concerns noted (please use bullet format):

-

7. Do you / your organization support the two ***ShapingNJ*** strategies?

Consensus? Yes / No

Concerns noted (please use bullet format):

-

Other:
Training Concerns:

-

This form will be e-mailed to CCR&R Executive Directors. If for some reason you need this form to be sent to you electronically, please contact Karin Mille at the NJ Department of Health & Senior Services - karin.mille@doh.state.nj.us or via telephone at 609 - 777 - 9045

- revised June 7, 2010
- revised July 16, 2010

Appendix 2

(Original Document Formatting Retained)

Focus Group Recruitment At-A-Glance – Revised 6/16/10

Purpose - to evaluate existing NJ requirements and gain insight into what nutrition, physical activity, TV use and Breast Feeding changes are needed to address obesity in New Jersey.

Win - Win For All - Use the MAKING THE CASE narrative (Local Advisory Feedback Groups/Form for Taking Notes - **Revised June 16, 2010**) including the THREE references to *make the case* to participants as to why we want to change the current regulations. Remind them that this is a unique opportunity to have input into regulations. (see MAKING THE CASE on the focus group question form). Additionally they will be prepared for regulations when they are instituted.

Timeframe – ***One or more*** focus groups to be conducted by each of the 21 CCR&Rs during June, July, August 2010 (*update note 6/15/10: draft chapters of Caring for Our Children: National Health and Safety Performance Standards, 3rd Edition (relative to nutrition, physical activity, TV viewing and obesity) will not be available until mid July 2010)

Location - County CCR&R or alternate location TBD by each CCR&R (i.e. local YMCA)

Length of time – minimum of 1 hour (more time may be needed depending on discussion)

# of participants – approx. 12 (give or take) & not including facilitator & note taker. Invite more since there are usually last minute drop outs that will be unable to attend due to scheduling, emergencies etc.

Materials Needed -

- Easel & easel pad for important points
- Markers
- Name tags (blank) for participants – this will help you engage all participants should some not be verbal
- Water or healthy refreshment if possible (no funds available for this purpose)
- Note taker must document dialogue during focus group (notebook or lap top)

Incentives – although there is no money for this purpose, you may want to offer a Chef Combo Kit to participants (needs to be updated with latest food guide pyramid)

WHO should be recruited? (important to engage those who will be affected)

- CCR&R facilitator
- Former CCR&R nurse consultant (if available/willing)
- pre-school nurses or liaisons
- **YM/WCA Child Care staff**
- Child Care Center Directors
- **Head Start Director or staff**
- School Age Coalition
- Boys & Girls Club center director/staff
- Cooperative extension
- Community based contracts
- Other Infant-toddler, pre-school, school age
- Parents /guardians

Contacts:
Former Abbott Nurse focus group volunteers:

- Bernadine Constable, RN, MSN
  Newark Public Schools

- Mary Piccicacco (has worked with Meg Fisher MD)
  Asbury Park School District
  willing to participate in either Ocean or Monmouth focus groups

*State DOE Contact for other Former Abbott Nurses in your county:
Eric Rodney, Ph.D., M.Ed. - Education Program Development Specialist -
New Jersey Department of Education, Division of Early Childhood Education -
eric.rodney@doe.state.nj.us at (609)777-2074

**See 2 handouts with YMCA contact information both of which were distributed in yellow NAPSACC Project county folder on June 9, 2010)
-- 1) YMCA Volunteers
-- 2) YMCA Executive Director Contacts spread sheet
*I have confirmed that the Executive Directors have been contacted by the NJ State Director of the YMCAs (Gary Graham) regarding participation.

ATT: **Local Advisory Feedback Groups - Form for Taking Notes -** Revised June 16, 2010

Appendix 3

(Original Document Formatting Retained)

Focus Group Facilitation Tips

1. **Stay Impartial**

   Do not respond to any comment made during the discussion except to get clarification or identify themes that are emerging. This is even true when someone asks a question where you may know the answer. Jot down the question because what people don't know is as important as what they do know or feel. "I don't know" is a legitimate and useful response from group members. The main point is for the facilitator to remain neutral and impartial and not lead the group to any particular answers.

   Make sure you do not agree or disagree with an answer or try to convince them to think otherwise. There will be an opportunity later to correct misperceptions. You are free to do so once the group process is complete.

2. **Don't Alter the Questions**

   You are free to rephrase the questions so that it is in language that is comfortable to the group but be careful not to change the intent or meaning. The summaries are most useful when everyone is asked all the same questions. You are free to ask follow-up questions to get more information if you need clarification on an answer.

3. **Keep It Moving – Complete all Questions**

   Don't stay too long on any one question but try to find a natural break in order to move to the next one. Natural breaks occur when issues start getting repeated or when discussion starts going in a different direction. If the group is not responsive to a particular question move on and come back to it at the end to see if other thoughts came up. If the discussion starts getting too detailed remind the group that there are other questions and you can return to this if time allows at the end.

4. **Use a Flip Chart**

   - Write very short summaries (4-6 words) on each comment. People like to see their comments in writing and your summary will help clarify misunderstandings ("oh, that's not exactly what I meant"). It is a good thing if someone corrects what you write – it is important not to assume you get their drift.
   - Don't worry about neatness. If possible, fit all responses to one question on one sheet even if you need to write in the side margins. It helps the discussion to see everyone's comments on one page. It also makes transcribing easier later.
   - Put a short header on each page to remind you which question the comments are in response to. You'll be surprised how easy it is to get the responses confused later.

- Mark comments which have group disagreement with a "?" just to remind you that there were alternate points of view. Circle comments which seem to have strong group consensus so you can add that to the final summary.
- There will be someone else taking more detailed notes during the session. The most important information to capture is the range of individual responses, any strong disagreement in the group or any strong agreement in the group.

5. **Stay Alert for Silence**
   You will naturally be drawn to the people who talk easily. Keep an eye out for the person who does not generally offer responses and call on them specifically. Feedback groups are not meant for just listening – **engage all** participants on every question.
   If you do have any true observers (not meant to be a part of the group) they are to stay silent throughout. It will be hard for them and you can help by not making eye contact. The only observers allowed are DHSS staff. The person must be identified at the beginning of the session but is not allowed to participate during the session. Group members are informed that they are welcome to see a copy of the notes taken if they so choose. Get their contact info so they can be sent the group summary once it is complete.

6. **Handling the Over-Involved**
   Some people just love this format and will dominate the discussion (though not necessarily intentionally). You are actually very powerful in this situation and you can manage the issue subtly and without being rude. Use eye contact and body language to move to the next person. Turn away from the speaker to write on the easel – that usually causes a natural pause while they wait for you to write. Use the pause to quickly call on someone else.
   If the above fails interrupt the person and summarize what they said "I hear you saying that…..". Then immediately ask for other comments.

7. **Typing Up Notes**
   Use the question sheet that we supplied to type up the notes. Literally type in the responses you have on each flip chart sheet, using bullets to separate items. Be sure to coordinate with the detailed note taker. Do not write long narratives – we need phrases and short notes to indicate strong consensus or strong disagreement and the range of responses. If you need to comment on the proceedings type those in italics (i.e.: *there was strong disagreement about this response with others stating ….)*

8. **Closing Remarks**
   Make sure you close the group by thanking them for participating, informing them what will happen next and when a final report is expected - December 2010.

Appendix 4

MODEL STATE CHILD CARE REGULATIONS

Healthy Eating

- High fat*, high sugar, and high salt foods are served less than one time per week or are not served
- Sugar sweetened beverages are not served
- Children older than two years are served reduced fat milk (skim or 1%)
- Clean, sanitary drinking water is available for children to serve themselves throughout the day
- Nutrition education is offered to child care providers at least one time per year
- Juice is limited to a total of 4-6 ounces or less per day for children over one year of age
- Child care providers do not use food as a reward or punishment
- Nutrition education is offered to children at least three times per year
- At least one child care provider sits with children at the table and eats the same meals and snacks
- Providers encourage, but do not force, children to eat

**saturated fat and trans fat*

Physical Activity

- Children are provided with 60 minutes of physical activity per day, a combination of both teacher led and free play
- Television, video, and computer time are limited to one time per week or less and not more than 30 minutes each time
- Child care providers do not withhold active play time as punishment
- Children with special needs are provided opportunities for active play while other children are physically active
- Children are provided outdoor active play time at least two times per day
- Physical activity education is offered to child care providers at least one time per year
- At least one provider joins children in active play at least one time per day
- Shaded area provided during outdoor play
- Children are not seated for periods longer than 30 minutes except when sleeping or eating
- Physical activity education is offered to children at least three times per year

From *Preventing Obesity in the Child care Setting: Evaluating State Regulations.* Duke University report funded by the Robert Wood Johnson Foundation. Author – Sara Benjamin, *sara.benjamin@duke.edu*.

Appendix 5

Local Advisory Feedback Groups
Session Dates/Attendance by County

County	Date	# Attending
Atlantic	8/5/2010	8
Bergen	7/20/2010	18
Burlington	10/13/2010	5
Burlington	10/16/2010	25
Camden/Gloucester/Salem	8/25/2010	30
Camden	6/16/2010	5
Camden	6/16/2010	7
Essex	8/11/2010	26
Essex	7/21/2010	4
Gloucester	8/25/2010	16
Hudson	8/3/2010	11
Hunterdon	8/10/2010	11
Mercer	7/22/2010	10
Monmouth	8/19/2010	13
Morris	7/8/2010	9
Morris 2	8/11/2010	10
Ocean	8/12/2010	3
Ocean	8/13/2010	5
Passaic	8/25/2010	10
Salem/Cumberland	8/31/2010	1
Somerset/Middlesex	8/25/2010	16
Sussex	7/30/2010	9
Union	8/5/2010	11
Union	8/12/2010	15
Warren	8/4/2010	8
All Counties		286

Notes: No Groups were scheduled in Cape May County.
Following low turnout at the 8-31 session, a second session was scheduled for Salem and Cumberland Counties, but no registrations were received.

Appendix 6

Local Advisory Feedback Groups
Stakeholder Representation

Stakeholder Type	# of Groups with Representatives
Former CCR&R Nurse Consultant	9
Pre-school nurses or liaisons	4
YM/WCA Child Care Staff	6
Child Care Center Directors	24
Head Start Directors	3
Head Start Staff	8
School Age Coalition	4
Boys & Girls Club Center Director/Staff	3
Cooperative Extension	1
Community based contracts	11
Parents/Guardians	4
Other:	
Infant-Toddler Staff	2
Preschool Staff	5
Family Child Care Providers	1
Afterschool Program Managers	1
Staff from Child Care at Alternative High School	1
School District	1
WIC	1
CCR&R Staff	6
County Government Staff	1
NJAEYC Central Region Chair	1
Dietitian or Cook	2
Parent Involvement Specialist	1
Other (unspecified)	4